## Damaged Document(s)

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	ARIZONA STATE DEF	PARTMENT OF HEALTH
	(This fetalit should preferably be made	VITAL STATISTICS County Registrar's No.*
	by the person who made the original) SUPPLEMENTAR	Y REPORT OF BIRTH
	Place of Birth Lane, Myan County S	Dila No 405 Enell St.
0	(Registration District) SEX OF CHILD*   Twin     Number	I HEREBY CERTIFY that the child described
	Triplet and in order or other?	herein has been named
	1 21 1915	Lillian Olinea Dimpsi.
٢	DATE OF BIRTH (Month) (Day) (Year)	(Give name in full) (Surname)
7	FULL FATTER	Sami Wimpson Sr.
(2  }	FULL MOTHER	(Parent's Signature)
1	MAIDEN Fractita Jacca	(Signature of Physician or Midwife)
*These items to be entered by the local registrar before giving out this form.		
Blank supplemental reports of birth may be obtained from the local registrar.		om the local registrar.
	10M 11-41 A.P.	325 - 821-171
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This	ARIZONA STATE B BUREAU OF VIT	OARD OF HEALTH
to This	ARIZONA STATE B BUREAU OF VIT	OARD OF HEALTH
nke This	ARIZONA STATE B BUREAU OF VIT  his return should preferably be made the person who made the original  ARIZONA STATE B  BUREAU OF VIT	OARD OF HEALTH AL STATISTICS PORT OF BIRTH County Register No.* 224
BIA TAKE THIS	ARIZONA STATE B BUREAU OF VIT  his return should preferably be made the person who made the ofiginal)  ace of Birth (Registration district)	OARD OF HEALTH AL STATISTICS PORT OF BIRTH County Register No.* 254
nfadir, nke This	ARIZONA STATE B BUREAU OF VIT  his return should preferably be made the person who made the original)  see of Birth  (Registration district)  X OF CHILD Twin* Triplet and in order	OARD OF HEALTH AL STATISTICS PORT OF BIRTH County Register No.* 224
Unfadir	ARIZONA STATE B BUREAU OF VIT  his return should preferably be made the person who made the original  ace of Birth  (Registration district)  X OF CHILD! Twin*	OARD OF HEALTH AL STATISTICS PORT OF BIRTH County Register No.* 204.  No. St. I HEREBY CERTIFY that the child described herein
with Unfadir , nice This	ARIZONA STATE B BUREAU OF VIT  his return should preferably be made the person who made the original)  ace of Birth  (Registration district)  X OF CHILDS  Twin* Triplet or other?  TE OF BIRTH*  ARIZONA STATE B BUREAU OF VIT  SUPPLEMENTARY RE  (Registration district)  Number* in order of birth  TE OF BIRTH*	OARD OF HEALTH AL STATISTICS PORT OF BIRTH County Register No.* 20 H  No. St.  I HEREBY CERTIFY that the child described herein has been named
with Unfadir, nike This	ARIZONA STATE B BUREAU OF VII  his return should preferably be made the person who made the ofiginal)  sce of Birth  (Registration district)  X OF CHILD Twin*  Triplet or other?  Triplet of birth  TE OF BIRTH*  [Month]  [Day]  [Year]  JLL*  FATHER	OARD OF HEALTH AL STATISTICS PORT OF BIRTH County Register No.* 204.  No. St. I HEREBY CERTIFY that the child described herein
Jith Unfadir net This	ARIZONA STATE B BUREAU OF VII  his return should preferably be made the person who made the original)  ace of Birth  (Registration district)  X OF CHILD  Twin* Triplet or other?  TE OF BIRTH*  (Month)  ARIZONA STATE B BUREAU OF VII  Authorization  SUPPLEMENTARY RE  (Registration district)  Authorization  (Registration district)  Twin*  And In order of birth  (Bay)  [Month]  [Month]  [Day]  [Year]	OARD OF HEALTH AL STATISTICS PORT OF BIRTH County Register No.* 20 H  No. St.  I HEREBY CERTIFY that the child described herein has been named
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